

JUL 02 2013

JUN 19 2013



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

By

Form Approved.
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☐ Submitting monitoring data (Fill in all Sections).
☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: MAR05D259

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: Naumkeag Auto Salvage Co., Inc

2. Facility Location:

a. Street: 2 Lilly St.

b. City: Salem

c. State: MA d. Zip Code: 01970

3. Additional Facility Information (Optional):

Contact Name: David Pelletier

Email:

Phone: - Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: Wayne Cockrum

Organization: James Environmental Mgmt., Inc

Email: wcockrum@jamesenvironmental.c

Phone: 512 - 244 - 3631 Ext.

C. Discharge Information

1. Identify monitoring period:

☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
☐ Quarter 1 (April 1 – June 30)☐ Quarter 1: From / To☐ Quarter 2 (July 1 – September 30)☐ Quarter 2: From / To☐ Quarter 3 (October 1 – December 31)☐ Quarter 3: From / To☒ Quarter 4 (January 1 – March 31)☐ Quarter 4: From / To2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☐ Yes (Complete line item 2.a.) ☐ No (Skip to Section D)

2a. What is the hardness level of the receiving water? mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? 02 List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☒ YES ☐ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
002	001	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*Reference attachment if additional space needed to complete the table.



Note: Make additional copies of this form as necessary

MAR 05 D 25 9

Snowmelt

(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as monitored by EPA

(QBW) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

Date	6-12-13
------	---------